## TOWN OF TOLLAND, MA

## Application for Site Plan Approval and Building Permit Building Department and Planning Board

| Building Permit Number Date   | Issued:  |  |
|---|--|--|
| Building Commissioner/Inspector Signature                             |  |  |
| SECTION 1: Site Information: To be completed for Si                   | te Plan Review with Planning Board. Site Plans must be attached. |  |
| Property Address Asse   | essors Map Number Parcel Number                                  |  |
| Owner's Name Home Address   |  |  |
| Home Phone: Work Phone  | Email  |  |
| Building Setbacks (ft.) Front Left Side                               | Right Side Back  |  |
| Other   |  |  |
|   |  |  |
| SECTION 2: Construction Services                                      |  |  |
| Company Name Phone _  |  |  |
| Company Address   |  |  |
| email:  |  |  |
| Licensed Construction Supervisor                                      | MA. License #  |  |
| Home Improvement Contractor   | MA. License #  |  |
| Signature   | Expiration Dates: LCS HIC  |  |
|   |  |  |
| SECTION 3: Description of Proposed Work (Check all                    | applicable)  |  |
| New Construction Existing Building                                    | ModularOther   |  |
| Repair(s)Alteration(s)Addition _                                      | Foundation   |  |
| Deck Porch Dormer(s)  | Ramps No. of Bays  |  |
| Increasing Size of Living Space Location                              |  |  |
|   |  |  |
| SECTION 4: Description of Proposed Work: Square Feet (Sq. Ft) and Fee |  |  |
| Proposed Use of Building  | Estimated Total Construction Costs \$                            |  |
| Building Size: Overall Sq. Ft.  | 1st Floor = Sq. Ft   |  |
| 2nd Floor X = Sq. Ft Other  |  |  |
| 2nd F1001A Sq. Ft Other   | X= Sq. Ft  |  |
| Other = Sq. Ft TOTAL SQUAL  |  |  |

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| Building Description   |                   |                     |  |
|--|-------------------|---------------------|--|
| Number of Floors:  | Number of Rooms:  | Number of Bedrooms: |  |
| Number of Baths:   | Basement: Sq. Ft. | Crawlspace: Sq. Ft  |  |
|  |                   |                     |  |
| Type of Construction   |                   |                     |  |
| Concrete: Thickness  | Block: Size:      | Piers: Size         |  |
| Posts: Size  | Other:            | Fireplace:          |  |
| No. Chimneys:  | Chimney Material  | Roof Material"      |  |
| No. Flues:   | Wood Stove:       | Pellet Stove:       |  |
| Modular Home:  | Log Home:         |                     |  |
| Manufacturer:  | Address:          | Phone               |  |
|  |                   |                     |  |
| SECTION 5: Required Documents and Pl   | one               | Yes No              |  |
| A. One set of Site Plans approved by Planning Board & completed Site Plan Checklist  B. Two sets of Complete Building Plans C. Homeowners Exemption Form (when not using Mass. licensed contractor) D. Wood Stove Installation Application (when relevant) E. Certificate of Water (New Homes Only) F. Driveway and Drainage Application (Signed by Highway Superintendent) G. Conservation Commission Approval Form signed by Conservation Commission H. Wetlands Inspection Application if requested by Conservation Commission I. Sewage Disposal System Plan Approved by Health Agent J. Workers' Compensation Insurance Affidavit (M.G.L. c152 s25C(6)*  *Permit will be denied without this Affidavit.  SECTION 6A: Owners' Authorization: To be completed when Owner's Agent or Contractor Applies for Building Permit. |                   |                     |  |
| I,as Owner of the subject property, hereby authorize   |                   |                     |  |
| to act on my behalf in all matters relative to work authorized by this   |                   |                     |  |
| building application OWNER Signature:  |                   |                     |  |
| Date:  |                   |                     |  |
| SECTION 6B: Owner or Authorized Agent Declaration:  I as Owner/Authorized Agent hereby declares that the statement and   |                   |                     |  |
| information on the forgoing application are true and accurate, to the best of my knowledge and belief.   |                   |                     |  |
| Signed under the pains and penalties of perjury:   |                   |                     |  |
| Print Name:  |                   |                     |  |
| Signature of Owner/AgentDate:  |                   |                     |  |